

PROPOSITIONS

behorende bij het proefschrift

Diagnostiek en gepersonaliseerde behandeling van genetische obesitas

Diagnosics And Personalized Treatment In Genetic Obesity

1. A young age of onset of obesity and characteristics indicating impaired appetite regulation are discriminative features for adults suspected of having genetic obesity (this thesis).
2. It is important in functional studies investigating the melanocortin-4 receptor (MC4R) to measure not only the canonical pathway but also other aspects of MC4R signaling (this thesis).
3. Measuring resting energy expenditure in children with severe obesity is of added value as it can aid in developing patient-tailored treatment approaches, such as personalized dietary or physical activity interventions, or specific pharmacological treatment (this thesis).
4. Different treatment aims, such as stabilizing of body weight or ameliorating hyperphagia, should be considered in guidelines for patients with genetic obesity compared to those for common multifactorial obesity (this thesis).
5. As non-targeted anti-obesity medications have significantly lower costs and are widely available, they should be preferred as first line anti-obesity medications in genetic obesity, except when superiority of effects has been shown for the targeted drug (this thesis).
6. Emphasis on personal management of genetic risk presumes an overly individualized notion of risk, contributing to the stigmatization of obesity as a personal failing and obscuring the role of social inequities. (*Genet Med., 2024*)
7. A combined, concerted, and sustained effort from multiple stakeholders and key decision-makers within society is required to dispel myths around personal responsibility for body weight, and to foster more empathy for people living with obesity. (*Curr Obes Rep., 2023, adjusted*)
8. Case reports and case series may be the 'lowest' or the 'weakest' level of evidence, but they often remain the 'first line of evidence.' This is where everything begins. (*Prof. Jenicek, 1999*)
9. No individual sectors in society, whether they are governments, retailers, consumer-goods companies, restaurants, employers, media organizations, educators, health-care providers, or individuals, can address obesity on their own. (*McKinsey Global Institute; November 2014*)
10. As food systems contribute substantially to climate change, biodiversity loss and the depletion of natural resources, changes in food systems will increasingly need to promote a shift towards environmentally sustainable diets (*WHO European Regional Obesity Report; 2022*)
11. The first problem for all of us, men and women, is not to learn, but to unlearn. (*Gloria Steinem, 1970*)